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S.D. SEC. OF STATE

STATE OF SOUTH DAKOTA
Statement of Legal Newspaper Ownership and Circulation

Return to: Secretary of State, 500 E. Capitol, Pierre, SD 57501-5077

1. TITLE OF NEWSPAPER: Kadoka Press
2. DATE: 10/26/11

3. FREQUENCY OF ISSUE	3A. NO. OF ISSUES PUBLISHED ANNUALLY	3B. ANNUAL SUBSCRIPTION PRICE
Weekly	52	$35 local $42 Other + tax

4. COMPLETE MAILING ADDRESS OF KNOWN OFFICE OF PUBLICATION (Street, City, County, State and ZIP+4 Code) (Not printers)
Kadoka Press P.O. Box 309 915 Main St Jackson Co. Kadoka, SD 57543-0309

5. COMPLETE MAILING ADDRESS OF THE HEADQUARTERS OR GENERAL BUSINESS OFFICES OF THE PUBLISHER (Not printers)
on back

6. FULL NAME OF PUBLISHER: Donald Ravellette

7. OWNER (If owned by a corporation, its name and address must be stated and list on the back of this form the names and addresses of stockholders owning or holding 1 percent or more of total amount of stock. If not owned by a corporation, the names and addresses of the individual owners must be given. If owned by a partnership or other unincorporated firm, its name and address, as well as that of each individual must be given.

FULL NAME	COMPLETE MAILING ADDRESS
on back	

8. KNOWN BONDHOLDERS, MORTGAGES, AND OTHER SECURITY HOLDERS OWNING OR HOLDING 1 PERCENT OR MORE OF TOTAL AMOUNT OF BONDS, MORTGAGES OR OTHER SECURITIES (If there are none, so state. If more space is needed, list on back of this form.

on back

9. EXTENT AND NATURE OF CIRCULATION	AVERAGE NO. COPIES EACH ISSUED PRECEDING 12 MONTHS	ACTUAL NO. COPIES ISSUED NEAREST TO FILING DATE
A. TOTAL NO. COPIES (Net Press Run)	800	800
B. PAID AND/OR REQUESTED CIRCULATION 1. Sales through dealers and carriers, street vendors and counter sales.	147	153
2. Mail Subscription (Paid and or requested)	516	500
C. TOTAL PAID AND/OR REQUESTED CIRCULATION (Sum of 9B1 and 9B2)	663	653
D. FREE DISTRIBUTION 1. BY MAIL, CARRIER OR OTHER MEANS	39	41
2. SAMPLES, COMPLIMENTARY AND OTHER FREE COPIES	0	0
E. TOTAL DISTRIBUTION (Sum of C, D1 and D2)	702	694
F. COPIES NOT DISTRIBUTED 1. Office use, left over, unaccounted, spoiled after printing	82	89
2. Return from News Agents	16	17
G. TOTAL (Sum of E, F1 and F2 – Should equal net press run shown in A)	800	800

Statement must be signed by Publisher, Business Manager, or Owner in the presence of a Notary Public
I swear that the statements made by me are true, correct, and complete:

Don Ravellette — (Signature)

Publisher — (Title)

State of South Dakota)
§
County of Haakon)

Sworn to before me this 26 day of Oct, 20 11

Jalene Haynes
Notary Public

(Seal)

My commission expires: MY COMMISSION EXPIRES: 4-3-2015

Form: SOS REC 051 7/2004

Owners:

Ravellette Publications, Inc.
P O Box 788
Philip, SD 57567-0788

Donald Ravellette
P O Box 633
Philip, SD 57567-0633

Bondholders, Mortgages & Other Security Holders:

First National Bank
P O Box 910
Philip, SD 57567-0910